FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Resp	onses))													
1. Name and Address of Reporting Person* Macias William L.				2. Issuer Name and Ticker or Trading Symbol Immunovant, Inc. [IMVT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner					
(Last) (First) (Middle) C/O IMMUNOVANT, INC., 320 W 37TH STREET, 6TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022						X Officer (give title below) Other (specify below) Chief Medical Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
NEW YORK, N	NY I	(State)	(Zip)												
(City)		(State)	(Z.p)		able I - No	n-Dei	rivative	Securities	Acqu	iired, Disp	osed of, or I	Beneficially (
(Instr. 3)			2. Transaction Date (Month/Day/Year)	•	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			D) Beneficially Owned Following Reported Transaction(s)				Beneficial	
			(Month/Day/Year)	Code	V	Amoui	(A) or	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)		
Common Stock (1)			01/05/2022		S		26,81	3 D	\$ 8.28	197,340			D		
				Derivative Securit	-	cont the t	tained i form di	n this for splays a o	m are curre eficial	e not requently valid	OMB conf	formation spond unlea trol number	ss	1474 (9-02)	
1. Title of Derivative Security (Instr. 3) Price of Derivat Security	rsion rcise f	3. Transaction Date (Month/Day/\(^	Execution Da	te, if Transaction Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and (Mo	Date Exercisable and Expiration Date Month/Day/Year)		Am Und Sec	Citle and count of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)	
				Code V	(A) (D)	Date	e rcisable	Expiration Date	1 Title	Amount or e Number of Shares					
Reporting	Ov	wners		Rolati	onshins										

Signatures

Macias William L.

C/O IMMUNOVANT, INC.

NEW YORK, NY 10018

/s/ Eva Renee Barnett, attorney-in-fact for William L. Macias	01/07/2022	
Signature of Reporting Person	Date	

Director

10%

Owner

Officer

Chief Medical Officer

Other

Explanation of Responses:

Reporting Owner Name / Address

320 W 37TH STREET, 6TH FLOOR

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- On June 11, 2021, the holder was granted 93,371 restricted stock units ("RSUs"), as previously reported on a Form 4 filed on June 15, 2021. These RSUs vested in their (1) entirety on December 31, 2021. Amounts reported herein represent shares sold by the holder solely to satisfy the holder's tax withholding obligation due in connection with the vesting and settlement of these RSUs.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.